## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

SECURITIES AND EXCHANGE COMMI	SSION
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OMB APPROVAL

- 1	ONDALL	I CO V/ L					
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Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan for the purchase or sale of equity securities of the issuer that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

	truction 10.	Reporting Person*			2. 19	ssuer	Name	and Ti	cker or T	ading	Symbol				Relationship		ng Pers	on(s) to Iss	suer	
HILTON MICHAEL W					2. Issuer Name <b>and</b> Ticker or Trading Symbol Accolade, Inc. [ ACCD ]									- I ` -	(Check all applicable)  Director 10% Owner					
(Last) (First) (Middle) C/O ACCOLADE, INC.				3. Date of Earliest Transaction (Month/Day/Year) 08/16/2024										Officer (give title Other below) below				specify		
(Street) SEATTLE WA 98101					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									Individual or Joint/Group Filing (Check Applicable Line)      Form filed by One Reporting Person     Form filed by More than One Reporting Person					
(City)	(St	tate)	(Zip)												1 0100					
		Tabl	e I - Non	-Deriv	ative	Sec	curitie	es Ac	quire	l, Dis	posed	of, or E	Bene	ficial	ly Owne	d				
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)			2A. Deemed Execution Date, if any (Month/Day/Year)		Code (Instr.						Benefici Owned	es ially Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership	
									Code	v	Amount	(A (D	or	Price	Reporte Transac (Instr. 3	tion(s)			(Instr. 4)	
Common Stock				08/16/2024					M		332		A		148,885		D			
Common Stock														195	5,042		I I	By Hilton Family Trust <sup>(2)</sup>		
		Т	able II - [ (								osed of				Owned					
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deeme Execution if any (Month/Day	Date,	4. Transactic Code (Inst 8)				6. Date I Expirati (Month/	n Date	Amount of			8. Price of Derivative Security (Instr. 5)	9. Numbe derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s lly	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownershi (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nu of	nount mber ares						
Restricted								332	(4)		(4)	Commo	" I	332	(3)	3,317		D		

## **Explanation of Responses:**

- 1. Each Restricted Stock Unit ("RSU") converted into one share of the Issuer's common stock.
- 2. The Reporting Person is a trustee of the Hilton Family Trust and has voting and investment power with respect to the securities held by the Hilton Family Trust.
- 3. Each RSU represents a contingent right to receive one share of the Issuer's Common Stock.
- 4. The shares subject to this RSU shall vest at a rate of twenty-five percent of the total number of shares on the one-year anniversary of June 16, 2021 (the "June 2021 Vesting Commencement Date") and 1/48th of the total number of shares each monthly anniversary of the June 2021 Vesting Commencement Date thereafter for so long as the Reporting Person provides continuous service to the Issuer, such that the total number of shares shall be fully vested on the four-year anniversary of the June 2021 Vesting Commencement Date.

/s/ Richard Eskew, Attorney-

08/20/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.